

WARN REPORTING FORM

I.) Company Information

Company: _____

Site Address: _____

City/Zip: _____

County/ _____

Contact Name and Title: _____

Contact Address: _____

Contact Phone: (_____) _____ ext. _____ Contact Fax: (_____) _____

Contact Email Address: _____

Type of Business: _____

II.) Incident and Notification Information

Total employees at site: _____ Total employees laid off: _____

Date Employees Told: _____ Date WARN Sent: _____

Incident Type: _____ (1=Plant Closing; 2=Mass Layoff)

Layoff Reason(s): _____; _____; _____ (1=Co. Sold; 2=Bankruptcy; 3=Financial Trouble;
4=Operations Transferred; 5=Company Restructured; 6=Unprofitable; 7=Reduced Business/Work;
8=Merger/Acquisition; 9=Other)

First Layoff Date: _____/_____/_____

Final Layoff Date/Closing: _____/_____/_____

III.) Union-Related Information

Union Local 1: _____ Union Members Laid Off: _____

Union Officer: _____

Address: _____

City/Zip: _____

Phone No: _____ Fax No: _____

Please attach a list of the positions and number of employees in each position that will be affected by this mass layoff/closing. This form may be faxed to the Workforce Investment Act Section at (517) 373-7794 or e-mailed to: KeytonT@michigan.gov.